

ATTN: Control Desk

Please enter for "Paperless" Payment

Fax 3/10/98

9:30 AM

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					H3
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number OR 03102F		6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 10/01/97	
				To: (Month, Day, Year) 12/31/97	
10. Transactions:		I Previously Reported 09/30/97	II This Period	III Cumulative	
a. Total outlays		79,831.00	10,425	90,256	
b. Recipient share of outlays		15,609.00	5,004	20,613	
c. Federal share of outlays		64,222.00	5,421	69,643	
d. Total unliquidated obligations		***	***		
e. Recipient share of unliquidated obligations		FOR	FOR	collected 3/16/98	
f. Federal share of unliquidated obligations		OJP	OJP		
g. Total Federal share (Sum of lines c and f)		USE	USE	69,643	
h. Total Federal funds authorized for this funding period		ONLY	ONLY	69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)		***	***	58	
11. Indirect Expense					
a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed					
b. Rate		c. Base		d. Total Amount	e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$		PROGRAM INCOME:		E. Expended \$	
B. Federal Funds Subgranted \$		C. Forfeit \$		F. Unexpended \$	
		D. Other \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ City Recorder				Telephone (Area code, number and extension) 541 437-2253	
Signature of Authorized Certifying Official <i>Joe Garlitz</i>				Date Report Submitted 3-10-98	

John Weaver

	Oct 97	Nov	Dec
Salary	2690	2299	2672.70
Fica	167	143	166
Medc	39	33	39
Pers	161	138	161
Med ins	366	366	366
Wc 5%	134	115	134
Unemp 3%	<u>81</u>	<u>69</u>	<u>80</u>
	3638	3163	3624

$$10,425 \\ \times .52 = 5421$$